Page 1 of 2

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200312170-1

As a below named inventor, I hereby declare that:

Rev 10/03 (DecPwr)

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original first and sole inventor (if only one name is listed below) or an original first and

the specification of which	is attached hereto unless t	he following box is c	hecked:	
•	as US Appli	•		cation
Number		ed on		
including the claims, as a	e reviewed and understood amended by any amendmer nich is material to patentabil	nt(s) referred to above	ve. I acknowled	d specification, dge the duty to
Foreign Application(s) and/or Cla	aim of Foreign Priority			
inventor(s) certificate listed belo	enefits under Title 35, United Sta ow and have also identified below pplication on which priority is clain	any foreign application fo		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDÉR 35 U.S.C. 119
			YES:	NO:
			YES:	NO:
Provisional Application	a Title O.S. Heided Chakes Code Co	ation 440(a) of any Unite	d States and delicated	
below:	r Title 35, United States Code Ser	ction (19(e) of any Unite	ed States provisional	application(s) listed
	APPLICATION NUMBER	FILING DATE		
i nereby claim the benefit unde	r Title 35, United States Code, S	ection 120 of any United	States application(s	s) listed below and,
insofar as the subject matter of manner provided by the first pa information as defined in Title 3 application and the national or P	each of the claims of this applicated aragraph of Title 35, United States 7, Code of Federal Regulations, Sect international filing date of this	ation is not disclosed in the Code Section 112, I achection 1.56(a) which occur	he prior United State knowledge the duty	es application in the to disclose materia
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(Use Page Two For Additional Inventor(s) Signature(s))

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200312170-1

Full Name of joint inventor:	Cary J. Hoffer		Citizenship:	United States
Residence:	5218 Dumbeck Ave NW, Albany	, OR 973	21	
Post Office Address:	same			4.
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:			•	
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Tost Office Address.				
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:	·			·
Inventor o Cignoturo	·			
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:		· · · · · · · · · · · · · · · · · · ·		
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				·
Post Office Address:				
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200312170-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural patent is sought on the Multi-Functional Device	names inventi	are listed below) of the on entitled:	subject matter whi	ch is claimed and for which a
the specification of wh	ich is at	tached hereto unless the	e following box is ch	ecked:
•		as US Applica	. •	
Number			d on	• •
			·	above-identified specification,
including the claims, a	is amen	ded by any amendment s material to patentability	(s) referred to above	e. I acknowledge the duty to
Foreign Application(s) and/o	r Claim of	Foreign Priority		
inventor(s) certificate listed	below and	s under Title 35, United State I have also identified below an ion on which priority is claime	y foreign application for	any foreign application(s) for patent or patent or patent or inventor(s) certificate having
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
	Î			YES: NO:
	ĺ			YES: NO:
Provisional Application				
I hereby claim the benefit u below:	nder Title			States provisional application(s) listed
		APPLICATION NUMBER	FILING DATE	
U. S. Priority Claim				
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business in the Patent and T	rademark	Office connected therewith:	and/or agent(s) to prose	ecute this application and transact all
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Send Correspondence to HEWLETT-PACKARD CO	MPANY		Direct Telephor Philip S. Lyren	ne Calls To:
Intellectual Property Administration P.O. Box 272400				
Fort Collins, Colorado 8	0527-240	0	281-514-8236	
made on information with the knowledge imprisonment, or both	and be that wi , under	lief are believed to be to Ilful false statements a	rue; and further that nd the like so ma 8 of the United Sta	are true and that all statements these statements were made de are punishable by fine or tes Code and that such willfulnt issued thereon.
Full Name of Inventor: Me	mphis-Z	hihong Yin	Citizenship: Ch	ina
Residence: 12	2415 La	ke Vista Dr., T mball, T	K 77377	
	ıme			
Inventor's Signature			Date	

Rev 10/03 (DecPwr)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (c ntinued)

ATTORNEY DOCKET NO. 200312170-1

Full Name of joint inventor:	Cary J. H ffer	Citizens	ship: United States
Residence:	5218 Dumbeck Ave NW, A	bany, OR 97321	
Post Office Address:	same		
(g// //p)	•	/-5- O	94
Inventor's signature		Date	
Full Name of joint inventor:		Citizen	ship:
Residence:			
Post Office Address:			
Inventor's Signature	***	Date	· · · · · · · · · · · · · · · · · · ·
Full Name of joint inventor:		Citizen	ship:
Residence:			
Post Office Address:		············	······
Inventor's Signature	,,	Date	
Full Name of joint inventor:		Citizen	ship:
Residence:			
Post Office Address:			
Inventor's Signature	W-100	Date	
Full Name of joint inventor:		Citizen	nship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of joint inventor:		Citizer	nship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of joint inventor:		Citizer	nship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	